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A CASE REPORT ON MIXED ANXIETY AND DEPRESSIVE DISORDER

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ABSTRACT:

There is a continuous pattern of significant symptom overlap between anxiety and depression in both clinical and epidemiological investigations. Furthermore, it has been noted that there is a chance of diagnostic conversion between anxiety and depressive illnesses in a longitudinal perspective.

There must be a depressed mood or decreased interest in activities, along with several anxiety symptoms and other depression symptoms. There must be a depressed mood or decreased interest in activities, along with several anxiety symptoms and other depression symptoms. Significant distress or impairment in essential areas of functioning, such as personal, family, social, educational, and occupational domains are caused by the symptoms. It has been discovered that certain neurochemical changes, which are unrelated to the clinical diagnosis, occur in conjunction with the presence of mental health symptoms. The method is similar to the idea of target symptoms, which was first introduced by Freyhan in 1979. Studies on sertraline, fluvoxamine, and citalopram have shown that SSRIs are effective in treating MADD. Similar outcomes were also observed with Setran, a natural active ingredient.

KEYWORDS: MADD, CMHD, ICD, SSRI'S, 5-HT1A, FMM

INTRODUCTION:

The symptoms of both anxiety and depression predominately occur on most days for a duration of two weeks or longer in people with mixed depressive and anxiety illness. When analyzed separately, neither set of symptoms is severe, numerous, or persistent enough to support a diagnosis of dysthymia, depression, or anxiety and fear-related affective disorders, which include anhedonia (specific to depression), a general distress factor, and physiological hyperarousal (specific to anxiety).

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It has been discovered that certain neurochemical changes, which are unrelated to the clinical diagnosis, occur in conjunction with the presence of mental health symptoms. The method is similar to the idea of target symptoms, which was first introduced by Freyhan in 1979. According to this theory, psychotropic medications

operate on symptoms rather than illnesses, and as a result, they may be effective in treating a variety of conditions that have similar symptoms. The observation that more recently developed antidepressant medications have also been shown to be effective in treating anxiety disorders lends credence to the idea. This is especially true for selective serotonin reuptake inhibitors (SSRIs), whose agonistic action on the serotonin-1A receptor subtype (5-HT1A) has been linked to their efficacy in treating anxiety and depression. Depending on whether they act on this subtype, SSRIs may have different effects, such as anxiolytic or antidepressant.
As a result, SSRIs—which were first created as antidepressants—are now advised as the first line of treatment for anxiety disorders. Studies on sertraline, fluvoxamine, and citalopram have shown that SSRIs are effective in treating MADD. Similar outcomes were also observed with Setran, a natural active ingredient that acts on the serotonin-1A receptor subtype and has been demonstrated to be effective in MADD and anxiety disorders.[1,2 and 3.]

CASE STUDY:

A 30 year female patient was admitted in the psychiatry department at Sri Balaji medical college, hospital and research institute, Renigunta. With the chief complaints of loss of consciousness followed by crying spells, palpitations, sleep disturbances and increased tensions since 3 months. She is a known case of hypothyroidism from 2 years using medication tab.thyronorm 50mg.

On general examination the patient was un-consciousness and her vitals were as follows BP-135/90 mm of Hg.PR-105bpm, RR-25/min,CNS-NAD,Spo2-98%,CVS-S1S2+,RS-B/LAE+.

INVESTIGATIONS:

Her laboratory investigations were as follows glycolated random blood sugar -115mg/dl, temp-98F, Hb-12g/dl, serum creatinine-0.8 mg/dl, plt 3.8lac/cum, Bun-26 mg/dl, RR-25/min, wbc-9.99, RBC-8.90m/cu, neutrophils 45%, lymphocytes 22%-,monocytes1.4%,serum electrolytes like sodium-133.7mEq/l, potassium-35mEq/l.

So based on subjective and objective evaluation patient have experienced mixed anxiety and depressive disorder. Clinical evaluation was done and patient was treated symptomatically with Tab.sertan and Tab.clonazepam.

DISCUSSION:

The primary aim of this study was to model endorsement of ICD-11anxiety and depression symptoms, using FMM, with data from a representative sample of the Irish adult population to determine if there was a profile consistent with ICD-11 description of ‘Mixed depressive and anxiety disorder’ (MDAD). Contrary to the ICD-11 description which implies the presence of symptoms of anxiety and depression at a lower than clinically significant level, but at a level high enough to warrant treatment, the results of the FMM suggested that there is no homogeneous group with sub-clinical levels of endorsement for both anxiety and depression. Indeed, the results indicated that that the comorbid class was the largest symptomatic class, and the ‘pure’ anxiety and depression classes were smaller.
These findings imply that anxiety and depression are special cases of the more general disorder MDAD, rather than the ICD-11's proposal that MDAD is a special case of anxiety and depression.
The study's second goal was to evaluate the correlation between the classes derived from the FMM and demographic and stress/trauma related variables. In line with the body of existing research on anxiety and depression, there was a negative correlation found between age and membership in the classes of depression, anxiety, and concomitant conditions. Becoming a woman was strongly linked to being in the anxiety and comorbid groups.
Contrary to earlier findings, the effect was not detected for the "depression" class. It's interesting to note that neither relationship status nor work, which have been demonstrated to be protective against low psychological well-being, had any effects. Numerous earlier research, which found protective effects for having a college

degree, having a job, and being in a committed relationship, did not account for traumatic events that occurred in childhood or adulthood.

Overall, there is some evidence supporting the validity of the FMM solution since the relationships between the stress/trauma-related and demographic variables were in line with the body of research on anxiety and depression.

There was evidence to support the prediction that symptomatic classes would exhibit higher levels of somatization and functional impairment. Table 4 demonstrates that compared to all other classes, the nonsymptomatic class had much lower somatization and functional impairment scores.

There was no difference in functional impairment between the comorbid and depression classes, however the anxiety class is linked to reduced somatization and functional impairment than the comorbid class.

It is important to consider several limitations when interpreting the results of this study. First off, further research is needed with alternative depression and anxiety assessments as the ICD-11 Anx-5 and Dep-5 scales have not undergone substantial validation. Second, somatization was identified as a result of depression and anxiety, but it was not possible to determine the chronological sequence in which these factors occurred. Although the exact cause of psychiatric problems and its somatic counterparts is still up for debate, there is ample evidence to suggest that they co-occur.

It follows that having both anxiety and depression at the same time may be more common than having each condition alone, and that having these conditions coexist has extra psychological and physiological effects. In fact, if these findings hold true over time, it may be possible to classify comorbid anxiety and depression as a main diagnosis, with isolated episodes of each condition.[1,2 and 3.]

CONCLUSION:

Higher ages and higher rates of singledom among these patients were indicative of more stressful life circumstances. This study also demonstrated the need for caution when assessing CMHD symptoms because of the complexity of their link to functional impairment and service utilization. A group of patients exhibited lower levels of somatic symptoms of depression, higher levels of functional impairment, and higher service use than the least affected group, based on class results and clinically relevant variables.The translational utility of this process is yet unknown, though, as there has been little clinical study on anxiety and depression utilizing FMM, and the research that has been done has produced conflicting results. Furthermore, given that distinct CMHD variables may be crucial targets in diverse. Additionally, more study is necessary since distinct CMHD characteristics may be crucial targets for different patient groups.

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